

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

**DRUG TESTING MANAGEMENT INFORMATION SYSTEM (MIS) DATA
COLLECTION FORM**

INSTRUCTIONS

The following instructions are to be used as a guide for completing the drug testing information in the Research and Special Programs Administration (RSPA) and the U.S. Department of Transportation (DOT) **Drug Testing MIS Data Collection Form**. These instructions outline and explain the information requested and indicate the probable sources for this information. A sample testing results table with a narrative explanation is provided on pages v - viii as an example to facilitate the process of completing the form correctly.

This reporting form includes three sections. Collectively, these sections address the data elements required in the RSPA and the DOT drug testing regulations. The three sections, the page numbers for the instructions, and the page location on the reporting form are:

| <u>Section</u> | Instructions | Reporting Form |
|----------------------------------|----------------|-------------------|
| | <u>Page(s)</u> | <u>Page(s)</u> |
| A. PIPELINE EMPLOYER INFORMATION | i | 1 |
| B. COVERED EMPLOYEES | i | 2 |
| C. DRUG TESTING INFORMATION | ii - iv | 3 - 4 |

Page 1 **PIPELINE EMPLOYER INFORMATION** (Section A) requires the company name for which the report is done, a current address, and the name of the person responsible for completing the form. Be sure to check which one of the five categories (gas gathering; gas transmission; gas distribution; transportation of hazardous liquids; and transportation of carbon dioxide) characterizes the **primary** nature of your operation. Finally, a signature, date, and current telephone number (including the area code) are required certifying the correctness and completeness of the form.

Page 2 **COVERED EMPLOYEES** (Section B) requires a count for each employee category that must be tested under RSPA regulations. Covered

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functions for RSPA are: Operation, Maintenance, and Emergency-Response. The most likely source for this information is the employer's personnel department. This count should be based on the company records for the reported year.

Additional information must be completed if your company employs personnel who perform duties covered by the drug rules of more than one DOT operating administration. **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

Page 3

DRUG TESTING INFORMATION (Section C) requires information for drug testing by category of testing. These categories include: (1) pre-employment, (2) random, (3) post-accident, (4) reasonable suspicion/cause, (5) return-to-duty, and (6) follow-up testing. All numbers entered into this table should be for applicants or company employees in a covered position only. Each part of this table must be completed for each category of testing. These numbers **do not** include refusals for testing. A sample section of the table with example numbers is presented on page vi.

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Section C is used to summarize the drug testing results for applicants and covered employees. There are six categories of testing to be completed. The first part of the table is where you enter the data on pre-employment testing. The following five parts are for entering drug testing data on random, post-accident, reasonable suspicion/cause, return to duty, and follow-up testing, respectively. Items necessary to complete these tables include:

- 1) the number of specimens collected in each testing category;
- 2) the number of specimens tested which were verified negative and verified positive for any drug(s); and
- 3) individual counts of those specimens which were verified positive for each of the five drugs.

Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the tables.

A sample table with detailed instructions is provided for the first part, **PRE-EMPLOYMENT TESTING INFORMATION**. The format and explanations used for the sample table apply to all six parts of the table in Section C.

Information on actions taken with those person testing positive is required at the end of Section C. Specific instructions for providing this latter information are given after the instructions for completing the table in Section C

Three types of information are necessary to complete the left side of this table. The first blank column with the heading "**NUMBER OF SPECIMENS COLLECTED**," requires a count for all collected specimens. It should not include refusals to test.

The second blank column with the heading "**NUMBER OF SPECIMENS VERIFIED NEGATIVE**," requires a count for all completed tests that were verified negative by your Medical Review Officer (MRO).

The third blank column with the heading "**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS**," refers to the number of specimens provided by job applicants or employees that were verified positive. "Verified positive" means the results were verified by your MRO.

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The right hand portion of this table, with the heading "**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG,**" requires counts of positive tests for each of the five drugs for which tests were done, i.e., marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines. The number of specimens positive for each drug should be entered in the appropriate column for that drug type. Again, "verified positive" refers to test results verified by your MRO.

If an applicant or employee tested positive for more than one drug; for example, both marijuana and cocaine, that person's positive results would be included once in each of the appropriate columns (marijuana and cocaine).

A sample table is provided on page vi with example numbers.

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SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for Section C, **DRUG TESTING INFORMATION**, which summarizes pre-employment testing results. The procedures detailed here also apply to the other categories of testing Section C which require you to summarize testing results for employees. This example will use "Pre-Employment" testing to illustrate the procedures for completing the form.

A Urine specimens were collected for 157 job applicants for covered positions during the reporting year. This information is entered in the first blank column of the table in the row marked "**PRE-EMPLOYMENT**".

B The Medical Review Officer (MRO) for your company reported that 153 of those 157 specimens from applicants for covered positions were negative (i.e., no drugs were detected). Enter this information in the second blank column of the table in the row marked "**PRE-EMPLOYMENT**".

C The MRO for your company reported that 4 of those 157 specimens from applicants for covered positions were positive (i.e., a drug or drugs were detected). Enter this information in the third blank column of the table in the row marked "**PRE-EMPLOYMENT**".

D With the 4 specimens that tested positive, the following drugs were detected:

| <u>Specimen</u> | <u>Drugs</u> |
|-----------------|--|
| #1 | Marijuana |
| #2 | Amphetamines |
| #3 | Marijuana and Cocaine (Multi-drug specimen) |
| #4 | Marijuana |

Marijuana was detected in three (3) specimens, cocaine in one (1), and amphetamines in one (1). This information is entered in the columns on the right hand side of the table under each of these drugs. Since two different drugs were detected in specimen #3 (multi-drug), entries are made in both the marijuana and the cocaine columns for this specimen. Information on multi-drug specimens must also be entered in the table, **SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG**.

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| TYPE OF TEST | NUMBER OF SPECIMENS COLLECTED | NUMBER OF SPECIMENS VERIFIED NEGATIVE | NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE 5 DRUGS | NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG | | | | |
|----------------|-------------------------------|---------------------------------------|--|---|---------|---------------------|---------|--------------|
| | | | | Marijuana (THC) | Cocaine | Phencyclidine (PCP) | Opiates | Amphetamines |
| Pre-Employment | 157 | 153 | 4 | 3 | 1 | 0 | 0 | 1 |

A

B

C

D

Note that adding up the numbers for each type of drug in a row ("NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG") will not always match the number entered in the third column, "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS". The total for the numbers on the right hand side of the table may differ from the number of specimens testing positive since some specimens may contain more than one drug.

Remember that the same procedures indicated above are to be used for completing all categories of testing in the table in Section C.

Page 4 Below the table for **DRUG TESTING INFORMATION** is a box with the heading **Number of persons denied a position as a covered employee following a verified positive drug test**. This is simply a count of those persons who were not placed in a covered position because they tested positive for one or more drugs.

Page 4 Also following the table that summarizes **DRUG TESTING INFORMATION**, you must provide a count of the **Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the RSPA rule**. This information should be available from the personnel office and/or drug program manager.

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Next, you must provide information on **ACTIONS TAKEN ON VERIFIED POSITIVE TEST RESULTS**. Indicate the number of employees subjected to the following actions:

- **No longer employed with company** – include covered employees who resigned or were terminated as the result of a positive drug test.
- **Reassigned to non-covered functions** – include covered employees who were reassigned within the company to a non-covered position as the result of a positive drug test.
- **Entered rehabilitation, if applicable, and/or returned to covered functions** – include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other** – include covered employees who did not fall under one of the previous options and specify the action taken.

Enter the sum of the number of actions taken on the line marked **TOTAL**

Page 4

SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG requires information on specimens that contained more than one drug. First, indicate the **NUMBER OF VERIFIED POSITIVES**. Then specify the combination of drugs reported as positive by placing the number in the appropriate columns. For example, if marijuana and cocaine were detected in 3 specimens, then you would write "3" as the number of verified positives and "3" in the columns for "Marijuana" and "Cocaine". If marijuana and opiates were detected in 2 specimens, then you would write "2" as the number of verified positives and "2" in the columns for "Marijuana" and "Opiates".

Page 4

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to a **random or other** (pre-employment, post-accident, reasonable suspicion/cause, return-to-duty, or follow-up) drug test required under the RSPA regulation and the **ACTIONS TAKEN** following the refusal. Indicate the number of actions taken on the appropriate line.

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Page 5

DRUG TRAINING/EDUCATION requires information on the number of supervisory personnel who have received the required drug training during the current reporting period.

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OMB NO. 2137-0579

RSPA Drug Testing MIS Data Collection Form

A. PIPELINE EMPLOYER INFORMATION

Company _____ Year Covered by This Report _____

Address _____ Person responsible for completing the form: _____

Check the one box that indicates the primary nature of your operation.

- | | |
|---|--|
| <input type="checkbox"/> Gas gathering | <input type="checkbox"/> Transportation of hazardous liquids |
| <input type="checkbox"/> Gas transmission | <input type="checkbox"/> Transportation of carbon dioxide |
| <input type="checkbox"/> Gas distribution | |

I, the undersigned certify that the information provided on this Research and Special Programs Administration Drug Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature

Date of Signature

Title

Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

The Research and Special Programs Administration estimate that the average burden for this report form is 3.1 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Pipeline Safety, RSPA, DOT; 400 7th St., S.W.; Washington, DC 20590; OR Office of Management and Budget, Paperwork Reduction Project (2137-0579); Washington, DC 20503.

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B. COVERED EMPLOYEES

| COVERED EMPLOYEES | | | | | | |
|--|----------------------------------|---|------|-----|-----|------|
| Employee Category | Number of RSPA Covered Employees | Number of Employees Covered By More Than One DOT Operating Administration | | | | |
| | | FAA | FHWA | FRA | FTA | USCG |
| Operation/Maintenance/Emergency Response | | | | | | |

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM

1. All items refer to the **current** reporting period **only** (e.g., January 1, 1995 – December 31, 1995).
2. This report is only for testing **REQUIRED BY THE RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION (RSPA) AND THE U.S. DEPARTMENT OF TRANSPORTATION (DOT)**:
 - Results should be reported only for employees in **COVERED POSITIONS** as defined by the RSPA/DOT drug testing regulations.
 - The information requested should only include testing for marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines using the standard procedures required by DOT regulation 49 CFR Part 40.
3. Information on refusals for testing should only be reported in the table: **EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST**. Do not include refusals for testing in other sections of this report
4. Do not include the results of any quality control (QC) samples submitted to the testing laboratory in any of the tables.
5. Complete all items; **DO NOT LEAVE ANY ITEM BLANK**. If the value for an item is zero (0), place a zero (0) on the form.

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C. DRUG TESTING INFORMATION

| TYPE OF TEST | NUMBER OF SPECIMENS COLLECTED | NUMBER OF SPECIMENS VERIFIED NEGATIVE | NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE 5 DRUGS | NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG | | | | |
|----------------------------|-------------------------------|---------------------------------------|--|---|---------|---------------------|---------|--------------|
| | | | | Marijuana (THC) | Cocaine | Phencyclidine (PCP) | Opiates | Amphetamines |
| Pre-Employment | | | | | | | | |
| Random | | | | | | | | |
| Post-Accident | | | | | | | | |
| Reasonable Suspicion/Cause | | | | | | | | |
| Return-To-Duty | | | | | | | | |
| Follow-Up | | | | | | | | |

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| | |
|--|--|
| Number of persons denied a position as a covered employee following a verified positive drug test: | |
| Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the RSPA rule: | |

| ACTION TAKEN ON VERIFIED POSITIVE TEST RESULTS | | | | | NUMBER |
|--|-----------------|---------|---------------------|---------|--------------|
| No longer employed with company: | | | | | |
| Reassigned to non-covered functions: | | | | | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | | | | | |
| Other (specify): | | | | | |
| TOTAL: | | | | | |
| SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG | | | | | |
| NUMBER OF VERIFIED POSITIVES | MARIJUANA (THC) | COCAINE | PHENCYCLIDINE (PCP) | OPIATES | AMPHETAMINES |
| | | | | | |
| | | | | | |
| | | | | | |

| EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST | NUMBER OF REFUSALS | |
|--|--------------------|-------------|
| | RANDOM TESTS | OTHER TESTS |
| Number of employees who refused to submit to a drug test required under the RSPA rule. | | |
| ACTION TAKEN | | NUMBER |
| No longer employed with company: | | |
| Reassigned to non-covered functions: | | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | | |
| Other (specify): | | |

| DRUG TRAINING/EDUCATION | NUMBER |
|---|--------|
| Supervisors who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable drug use as required by RSPA drug testing regulations: | |

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DRUG TESTING MANAGEMENT INFORMATION SYSTEM (MIS)
"EZ" DATA COLLECTION FORM

INSTRUCTIONS

The following instructions are to be used as a guide for completing the Research and Special Programs Administration (RSPA) and the U.S. Department of Transportation (DOT) **Drug Testing MIS "EZ" Data Collection Form**. This form should only be used if there are **no positive tests** to be reported by your company. These instructions outline and explain the information requested and indicate the probable sources for this information. This reporting form includes three sections. These sections address the data elements required in the RSPA and DOT drug testing regulations.

SECTION A – PIPELINE EMPLOYER INFORMATION requires the company name for which the report is done, a current address, and the name of the person responsible for completing the form. Be sure to check which one of the five categories (gas gathering; gas transmission; gas distribution; transportation of hazardous liquids; and transportation of carbon dioxide) characterizes the **primary** nature of your operation. Finally, a signature, date, and current telephone number (including the area code) are required certifying the correctness and completeness of the form.

SECTION B – COVERED EMPLOYEES requires a count for each employee category that must be tested under the RSPA regulation. There is only one category of covered employees for RSPA – Operation/Maintenance/Emergency Response. The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year.

Additional information must be completed if your company employs personnel who perform duties covered by the drug rules of more than one DOT operating administration. **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

SECTION C – DRUG TESTING INFORMATION requires information for drug testing and training. The first table requests information on the **NUMBER OF SPECIMENS COLLECTED AND VERIFIED NEGATIVE** in each category for testing. All numbers entered into this table should be for applicants or company employees in **covered positions** only. Each part of this table must be completed for each category of testing including: (1) pre-employment, (2) random, (3) post-accident, (4) reasonable suspicion/cause, (5) return- to-duty, and (6) follow-up testing. These num-

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bers **do not** include refusals for testing. "**COLL**" requires the number of specimens collected in each employee category for each category of testing. "**NEG**" requires a count for all completed tests by employee category that were verified negative by your Medical Review Officer (MRO). Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the categories.

Following the table that summarizes **DRUG TESTING INFORMATION**, you must provide a count of the number of employees returned to duty during this reporting period after having failed or refused a drug test required under the RSPA rule. This information should be available from the personnel office and/or drug program manager.

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to a random or other (pre-employment, post-accident, reasonable suspicion/cause, return to duty, or follow-up) drug test required under the RSPA regulation and the action taken following the refusal. Indicate the number of employees subjected to the following actions:

- **No longer employed with company** – include covered employees who resigned or were terminated as the result of a refusal to submit to a drug test.
- **Reassigned to non-covered functions** – include covered employees who were reassigned within the company to a non-covered position as the result of a refusal to submit to a drug test.
- **Entered rehabilitation, if applicable, and/or returned to covered functions** – include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other** – include covered employees who did not fall under one of the previous options and specify the action taken.

DRUG TRAINING/EDUCATION requires information on the number of supervisory personnel who have received the required training during the current reporting period.

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OMB NO. 2137-0579

RSPA Drug Testing MIS "EZ" Data Collection Form

A. PIPELINE EMPLOYER INFORMATION

Company _____ Year Covered by This Report _____

Address _____ Person responsible for completing the form: _____

Check the one box that indicates the primary nature of your operation.

- | | |
|---|--|
| <input type="checkbox"/> Gas gathering | <input type="checkbox"/> Transportation of hazardous liquids |
| <input type="checkbox"/> Gas transmission | <input type="checkbox"/> Transportation of carbon dioxide |
| <input type="checkbox"/> Gas distribution | |

I, the undersigned certify that the information provided on this Research and Special Programs Administration Drug Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature

Date of Signature

Title

Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

The Research and Special Programs Administration estimate that the average burden for this report form is 3.1 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Pipeline Safety, RSPA, DOT; 400 7th St., S.W.; Washington, DC 20590; OR Office of Management and Budget, Paperwork Reduction Project (2137-0579); Washington, DC 20503.

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B. COVERED EMPLOYEES

| COVERED EMPLOYEES | | | | | | |
|--|----------------------------------|---|------|-----|-----|------|
| Employee Category | Number of RSPA Covered Employees | Number of Employees Covered By More Than One DOT Operating Administration | | | | |
| | | FAA | FHWA | FRA | FTA | USCG |
| Operation/Maintenance/Emergency Response | | | | | | |

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C. DRUG TESTING INFORMATION

| NUMBER OF SPECIMENS COLLECTED AND VERIFIED NEGATIVE | | | | | | | | | | | | |
|---|----------------|-----|--------|-----|---------------|-----|-----------------------------------|-----|--------------------|-----|-----------|-----|
| Employee Category | Pre-employment | | Random | | Post-Accident | | Reasonable Suspicion/ Cause | | Return-To- Duty | | Follow-Up | |
| | COLL | NEG | COLL | NEG | COLL | NEG | COLL | NEG | COLL | NEG | COLL | NEG |
| Operation/Maint Emergency Response | | | | | | | | | | | | |

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| | |
|---|--|
| Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the RSPA rule: | |
|---|--|

| EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST | NUMBER OF REFUSALS | |
|--|---------------------------|--------------------|
| | RANDOM TESTS | OTHER TESTS |
| Number of employees who refused to submit to a drug test required under the RSPA rule. | | |
| ACTION TAKEN | NUMBER | |
| No longer employed with company: | | |
| Reassigned to non-covered functions: | | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | | |
| Other (specify): | | |

| DRUG TRAINING/EDUCATION | NUMBER |
|---|---------------|
| Supervisors who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable drug use as required by RSPA drug testing regulations: | |

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ALCOHOL TESTING MANAGEMENT INFORMATION SYSTEM (MIS)
DATA COLLECTION FORM

INSTRUCTIONS

The following instructions are to be used as a guide for completing the alcohol testing information in the Research and Special Programs Administration (RSPA) and the U.S. Department of Transportation (DOT) **Alcohol Testing MIS Data Collection Form**. These instructions outline and explain the information requested and indicate the probable sources for this information. A sample testing results table with a narrative explanation is provided on pages iv - vii as an example to facilitate the process of completing the form correctly.

This reporting form includes three sections. Collectively, these sections address the data elements required in the RSPA and the DOT alcohol testing regulations. The three sections, the page numbers for the instructions, and the page location on the reporting form are:

| <u>Section</u> | Instructions | Reporting |
|----------------------------------|----------------|------------------------|
| | <u>Page(s)</u> | Form <u>Page(s)</u> |
| A. PIPELINE EMPLOYER INFORMATION | i | 1 |
| B. COVERED EMPLOYEES | ii | 2 |
| C. ALCOHOL TESTING INFORMATION | ii - iii | 3 - 4 |

Page 1

EMPLOYER INFORMATION (Section A) requires the company name for which the report is done, a current address, and the name of the person responsible for completing the form. Be sure to check which one of the five categories (gas gathering; gas transmission; gas distribution; transportation of hazardous liquids; and transportation of carbon dioxide) characterizes the **primary** nature of your operation. Finally, a signature, date, and current telephone number (including the area code) are required to certifying the correctness and completeness of the form.

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COVERED EMPLOYEES (Section B) requires a count for each employee category that must be tested under DOT regulations. There is only one category of covered employees for RSPA – Operation/Maintenance/Emergency Response. The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year.

Additional information must be completed if your company employs personnel who perform duties covered by the alcohol rules of more than one DOT operating administration. **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

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ALCOHOL TESTING INFORMATION (Section C) requires information for alcohol testing by category of testing. These categories include: (1) post-accident, (2) reasonable suspicion, (3) return-to-duty, and (4) follow-up testing. All numbers entered into this table should be for company employees in a **covered position** only. Each part of this table must be completed for each category of testing.

These numbers **do not** include refusals for testing. A sample section of the table with example numbers is presented on page v.

Four types of information are necessary to complete this table. The first blank column with the heading "**NUMBER OF SCREENING TESTS**" requires a count of all screening alcohol tests performed. It should not include refusals to test.

The second blank column with the heading "**NUMBER OF CONFIRMATION TESTS**" requires a count of all confirmation alcohol test performed.

The third blank column with the heading "**NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.02, BUT LESS THAN 0.04**" refers to the number of test results equal to or greater than 0.02, but less than 0.04.

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The fourth blank column with the heading "**NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.04**" refers to the number of specimens with a result equal to or greater than 0.04. **Note: For return-to-duty testing, a conformation test result equal to or greater than 0.02 is a violation of the alcohol rule. Therefore, if the number of results equal to or greater than 0.04 is unknown, you may report all results in the third column of the table.**

A sample table is provided on page v with example numbers.

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SAMPLE TEST RESULTS TABLE

The following example is for Section C, **ALCOHOL TESTING INFORMATION**, which summarizes post-accident testing results. The procedures detailed here also apply to the other categories for testing in Section C which require you to summarize testing results for covered employees. This example will use "Post-Accident" testing to illustrate the procedures for completing the form.

A Screening tests were performed on 47 covered employees during the reporting year. This information is entered in the first blank column of the table in the row marked "**POST-ACCIDENT**".

B Confirmation tests were necessary for 6 of the 47 covered employees. Enter this information in the second blank column of the table in the row marked "**POST-ACCIDENT**". The confirmation test results for these 6 employees were the following

| <u>Employee</u> | <u>Confirmation Result</u> |
|-----------------|----------------------------|
| #1 | 0.06 |
| #2 | 0.01 |
| #3 | 0.11 |
| #4 | 0.04 |
| #5 | 0.03 |
| #6 | 0.02 |

C The confirmation test results for 2 of the covered employees were equal to or greater than 0.02, but less than 0.04. Enter this information in the third blank column of the table in the row marked "**POST-ACCIDENT**".

D The confirmation test results for 3 of the covered employees were equal to or greater than 0.04. Enter this information in the fourth blank column of the table in the row marked "**POST-ACCIDENT**".

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| Type of Test | Number Of Screening Tests | Number Of Confirmation Tests | Number Of Confirmation Test Results Equal To Or Greater Than 0.02, But Less Than 0.04 | Number Of Confirmation Test Results Equal To Or Greater Than 0.04 |
|---------------|---------------------------|------------------------------|---|---|
| Post-Accident | 47 | 6 | 2 | 3 |

A

B

C

D

Note that adding up the numbers for confirmation results in columns three and four will not always match the number entered in the second column, "NUMBER OF CONFIRMATION TESTS". These numbers may differ since some confirmation test results may be less than 0.02.

Remember that the same procedures indicated above are to be used for completing all of the categories for testing in Section C.

Page 3

Following the table that summarizes **ALCOHOL TESTING INFORMATION**, you must provide a count of the **Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in RSPA regulations)**. This information should be available from the personnel office and/or the drug and alcohol program manager.

Page 3

Next you must provide information on **ACTIONS TAKEN ON ALCOHOL TEST RESULTS EQUAL TO OR GREATER THAN 0.04**. Indicate the number of employees subjected to the following actions:

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DRUG AND ALCOHOL TESTING

- **No longer employed with company** – include covered employees who resigned or were terminated as the result of a confirmation test result equal to or greater than 0.04.
- **Reassigned to non-covered functions** – include covered employees who were reassigned within the company to a non-covered position as the result of a confirmation test result equal to or greater than 0.04.
- **Entered rehabilitation, if applicable, and/or returned to covered functions** – include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other** – include covered employees who did not fall under one of the previous options and specify the action taken.

Enter the sum of the number of actions taken on the line marked
TOTAL

Page 3 **Number of employees administered drug and alcohol tests at the same time resulting in a verified positive drug test and an alcohol test indicating an alcohol concentration of 0.04 or greater**, requires that a count of all such employees be entered in the indicated box.

Page 4 **VIOLATIONS OF OTHER ALCOHOL PROVISIONS/PROHIBITIONS OF THIS REGULATION**, requires supplying the number of covered employees who used alcohol prior to performing a safety-sensitive function, while performing a safety-sensitive function, and before taking a required post-accident alcohol test. The action taken with covered employees who violate any of these RSPA alcohol regulation provisions is also to be supplied. Other violations not delineated in this table may also be provided.

Page 4 **EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST** requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to an alcohol test required under the RSPA regulation and the action taken following the refusal.

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Page 4

ALCOHOL TRAINING/EDUCATION requires information on the number of supervisory personnel who have received the required alcohol training during the current reporting period.

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

OMB NO. 2137-0579

RSPA Alcohol Testing MIS Data Collection Form

A. PIPELINE EMPLOYER INFORMATION

Company _____ Year Covered by This Report _____

Address _____ Person responsible for completing the form: _____

Check the one box that indicates the primary nature of your operation.

- | | |
|---|--|
| <input type="checkbox"/> Gas gathering | <input type="checkbox"/> Transportation of hazardous liquids |
| <input type="checkbox"/> Gas transmission | <input type="checkbox"/> Transportation of carbon dioxide |
| <input type="checkbox"/> Gas distribution | |

I, the undersigned certify that the information provided on this Research and Special Programs Administration Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature

Date of Signature

Title

Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

The Research and Special Programs Administration estimate that the average burden for this report form is 3.1 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Pipeline Safety, RSPA, DOT; 400 7th St., S.W.; Washington, DC 20590; OR Office of Management and Budget, Paperwork Reduction Project (2137-0579); Washington, DC 20503.

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

B. COVERED EMPLOYEES

| COVERED EMPLOYEES | | | | | | |
|--|----------------------------------|---|------|-----|-----|------|
| Employee Category | Number of RSPA Covered Employees | Number of Employees Covered By More Than One DOT Operating Administration | | | | |
| | | FAA | FHWA | FRA | FTA | USCG |
| Operation/Maintenance/Emergency Response | | | | | | |

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM

1. All items refer to the **current** reporting period **only** (e.g., January 1, 1995 – December 31, 1995).
2. This report is only for testing **REQUIRED BY THE RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION (RSPA) AND THE U.S. DEPARTMENT OF TRANSPORTATION (DOT)**:
 - Results should be reported only for employees in **COVERED POSITIONS** as defined by RSPA/DOT alcohol testing regulations.
 - The information requested should only include testing for alcohol using the standard procedures required by DOT regulation 49 CFR Part 40.
3. Information on refusals for testing should only be reported in the table: **EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST**. Do not include refusals for testing in other sections of this report.
4. Complete all items; **DO NOT LEAVE ANY ITEM BLANK**. If the value for an item is zero (0), place a zero (0) on the form.

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DRUG AND ALCOHOL TESTING

C. ALCOHOL TESTING INFORMATION

| Type of Test | Number Of Screening Tests | Number Of Confirmation Tests | Number Of Confirmation Test Results Equal To Or Greater Than 0.02, But Less Than 0.04 | Number Of Confirmation Test Results Equal To Or Greater Than 0.04 |
|----------------------|---------------------------|------------------------------|---|---|
| Post-Accident | | | | |
| Reasonable Suspicion | | | | |
| Return-To-Duty | | | | |
| Follow-Up | | | | |

| | |
|--|--|
| Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in RSPA regulations). | |
|--|--|

| ACTIONS TAKEN ON ALCOHOL TEST RESULTS EQUAL TO OR GREATER THAN 0.04 | NUMBER |
|--|--------|
| No longer employed with company: | |
| Reassigned to non-covered functions: | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | |
| Other (specify): | |
| TOTAL: | |

| | |
|---|--|
| Number of employees administered drug <u>and</u> alcohol tests at the same time resulting in a verified positive drug test <u>and</u> an alcohol test indicating an alcohol concentration of 0.04 or greater. | |
|---|--|

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

| VIOLATIONS OF OTHER ALCOHOL PROVISIONS/PROHIBITIONS OF THIS REGULATION | | |
|---|--|---------------------|
| Number of covered employees | Violation | Action Taken |
| | Covered employee used alcohol while performing safety-sensitive function | |
| | Covered employee used alcohol within 4 hours of performing safety-sensitive function | |
| | Covered employee used alcohol before taking a required post-accident alcohol test | |
| | | |
| | | |

| EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST | NUMBER OF REFUSALS |
|--|---------------------------|
| Number of employees who refused to submit to an alcohol test required under the RSPA rule. | |
| ACTION TAKEN | NUMBER |
| No longer employed with company: | |
| Reassigned to non-covered functions: | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | |
| Other (specify): | |

| ALCOHOL TRAINING/EDUCATION | NUMBER |
|---|---------------|
| Supervisors who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable alcohol use as required by RSPA alcohol testing regulations: | |

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

ALCOHOL TESTING MANAGEMENT INFORMATION SYSTEM (MIS)
"EZ" DATA COLLECTION FORM

INSTRUCTIONS

The following instructions are to be used as a guide for completing the Research and Special Programs Administration (RSPA) and the U.S. Department of Transportation (DOT) **Alcohol Testing MIS "EZ" Data Collection Form**. This form should only be used if there is **no alcohol misuse** to be reported by your company. These instructions outline and explain the information requested and indicate the probable sources for this information. This reporting form includes three sections. These sections address the data elements required in the RSPA and DOT alcohol testing regulations.

SECTION A – PIPELINE EMPLOYER INFORMATION requires the company name for which the report is done, a current address, and the name of the person responsible for completing the form. Be sure to check which one of the five categories (gas gathering; gas transmission; gas distribution; transportation of hazardous liquids; and transportation of carbon dioxide) characterizes the **primary** nature of your operation. Finally, a signature, date, and current telephone number (including the area code) are required certifying the correctness and completeness of the form.

SECTION B – COVERED EMPLOYEES requires a count for each employee category that must be tested under the RSPA regulation. There is only one category of covered employees for RSPA – Operation/Maintenance/Emergency Response. The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year.

Additional information must be completed if your company employs personnel who perform duties covered by the alcohol rules of more than one DOT operating administration. **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

SECTION C – ALCOHOL TESTING INFORMATION requires information for alcohol testing, refusals for testing, and education/training. The first table requests information on the **NUMBER OF SCREENING TESTS CONDUCTED** in each category for testing. All numbers entered into this table should be for applicants or company employees in **covered positions** only. Each part of this table must be completed for each category of testing including: (1) post-accident, (2) reasonable suspicion, (3)

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DRUG AND ALCOHOL TESTING

return-to-duty, and (4) follow-up testing. These numbers **do not** include refusals for testing. Simply enter the number of alcohol screening tests conducted for each category testing.

Following the table that summarizes **ALCOHOL TESTING INFORMATION**, you must provide the **number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in the RSPA regulations)**. This information should be available from the personnel office and/or alcohol program manager.

EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to an alcohol test required under the RSPA regulation and the action taken following the refusal. Indicate the number of employees subjected to the following actions

- **No longer employed with company** – include covered employees who resigned or were terminated as the result of a refusal to submit to an alcohol test.
- **Reassigned to non-covered functions** – include covered employees who were reassigned within the company to a non-covered position as the result of a refusal to submit to an alcohol test.
- **Entered rehabilitation, if applicable, and/or returned to covered functions** – include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other** – include covered employees who did not fall under one of the previous options and specify the action taken.

ALCOHOL TRAINING/EDUCATION requires information on the number of supervisory personnel who have received the required alcohol training during the current reporting period.

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DRUG AND ALCOHOL TESTING

OMB NO. 2137-0579

**RSPA Alcohol Testing MIS “EZ” Data Collection Form
(No Alcohol Misuse)**

A. PIPELINE EMPLOYER INFORMATION

Company _____ Year Covered by This Report _____

Address _____ Person responsible for completing the form: _____

Check the one box that indicates the primary nature of your operation.

- | | |
|---|--|
| <input type="checkbox"/> Gas gathering | <input type="checkbox"/> Transportation of hazardous liquids |
| <input type="checkbox"/> Gas transmission | <input type="checkbox"/> Transportation of carbon dioxide |
| <input type="checkbox"/> Gas distribution | |

I, the undersigned certify that the information provided on this Research and Special Programs Administration Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature

Date of Signature

Title

Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

The Research and Special Programs Administration estimate that the average burden for this report form is 3.0 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Pipeline Safety, RSPA, DOT; 400 7th St., S.W.; Washington, DC 20590; OR Office of Management and Budget, Paperwork Reduction Project (2137-0579); Washington, DC 20503.

PART 199 – PIPELINE SAFETY REGULATIONS
DRUG AND ALCOHOL TESTING

B. COVERED EMPLOYEES

| COVERED EMPLOYEES | | | | | | |
|--|----------------------------------|---|------|-----|-----|------|
| Employee Category | Number of RSPA Covered Employees | Number of Employees Covered By More Than One DOT Operating Administration | | | | |
| | | FAA | FHWA | FRA | FTA | USCG |
| Operation/Maintenance/Emergency Response | | | | | | |

C. ALCOHOL TESTING INFORMATION

| NUMBER OF SCREENING TESTS CONDUCTED | | | | |
|--|---------------|----------------------|----------------|-----------|
| Employee Category | Post-Accident | Reasonable Suspicion | Return-to-Duty | Follow-up |
| Operation/Maintenance/Emergency Response | | | | |

| | |
|--|--|
| Number of employees who engaged in alcohol misuse who were returned to duty in a covered position (having complied with the recommendations of a substance abuse professional as described in RSPA regulations): | |
|--|--|

| EMPLOYEES WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST | NUMBER OF REFUSALS |
|--|--------------------|
| Number of employees who refused to submit to an alcohol test required under the RSPA rule. | |
| ACTION TAKEN | NUMBER |
| No longer employed with company: | |
| Reassigned to non-covered functions: | |
| Entered rehabilitation, if applicable, and/or returned to covered functions: | |
| Other (specify): | |

| ALCOHOL TRAINING/EDUCATION | NUMBER |
|--|--------|
| Supervisory personnel who have received initial training on the specific contemporaneous physical, behavioral, performance indicators of probable alcohol use as required by RSPA alcohol testing regulations: | |